Title: *Safeguarding adults practice and remote working in the COVID-19 era: challenges and opportunities*

Abstract Purpose – This exploratory paper examines the literature on the impact of COVID-19 on safeguarding adults practice.
Design/methodology/approach – A literature search was carried out in recently published articles to locate literature relating to COVID-19 and safeguarding adults in the UK and internationally. This included policy guidance and law, to describe the existing knowledge base, gaps in practice and areas that may require further research.
Findings – The findings suggest that measures to curb the spread of the COVID-19 pandemic gave rise to remote working and virtual safeguarding practice. The findings highlight the need for empirical research into the impact of virtual safeguarding adults assessments and effective ways to support the needs and outcomes of those who may be at risk of or experiencing abuse and neglect whilst shielding, socially isolating or when working in an environment where social distancing is required.
Research limitations/implications: The paper is based on a review and analysis of published documents and not on other types of research.
Originality/value – Little is known about effective safeguarding adults practice in the era of shielding, self-isolation, social distancing and remote working. The paper adds to the body of knowledge in the field.
Keywords: COVID-19, remote working, safeguarding adults, virtual safeguarding assessment, social distancing
Paper type – Literature review

Introduction

The coronavirus pandemic (COVID-19) created a global health and social care crisis that significantly impacted on safeguarding adults practice. Measures to curb person to person and community transmissions of the COVID-19 virus meant that most statutory and community services that supported the needs and outcomes of those experiencing, or who are at risk of harm, abuse and neglect had to rely on digital technology and telephone communications due to government lockdown restrictions (Safe Lives 2020; SCIE, 2020). The effects of government lockdown restrictions such as self-isolating, shielding and social distancing limited the use of community resources and put additional pressure on some of the most vulnerable members of our community. Fraser's (2020) secondary data analysis of the literature on the impact of COVID-19 on violence against women and girls both in the UK and internationally reported that risks of incidence of domestic violence, racial abuse, sexual harassment and

also risk of abuse and exploitation of vulnerable women workers was increasing. Fraser's (2020) findings are consistent with other findings in the area (Refuge 2020; Safe Lives, 2020 and Women's Aid 2020). A SCIE publication (2020) identifies that scamming through cold calling increased during the COVID-19 crisis. Home visits for assessments of safeguarding concerns were significantly impacted by the COVID-19 pandemic both in the UK and internationally (Mayer- Kalos *et al,* 2020; Safe Lives, 2020). Whilst remote working is not new in safeguarding adults practice, risk of transmission of COVID-19 from service user to practitioner and vice versa during home visits for safeguarding assessments of those who might be at risk of or experiencing abuse and neglect gave rise to remote working (Mayer-Kalos *et al,* 2020). Virtual assessments by use of digital technological platforms such as Zoom, Skype, Microsoft Teams (Ms Teams) and telephones in safeguarding adults practice became the 'new normal' and exposed weakness in the systems and structures that support safeguarding adults practice (Bocioaga, 2020; Local Government Association, 2020; MacDonald J, 2020; Safe Lives, 2020). A survey of services provided to individuals affected by domestic violence found that 76% of respondents (n=119) reported that they had reduced service delivery due to COVID-19 and 88% of respondents reported that they had cancelled face to face assessments due to COVID (Safe Lives 2020). The mean average of staff members who worked from home was 86% and the median was 100% (Safe Lives 2020).

Public Health England (2020) identify that self-isolating, shielding and social distancing disproportionately impacted on vulnerable populations (e.g. older people, people with learning disabilities or autism, those with underlying health conditions and minority communities). Although restrictions on movement have eased in most parts of England, enforcement of social distancing through lockdown measures were still imposed in parts of England at the time of writing in August 2020 (e.g. specific areas of the North of England, Greater Manchester, Leicester). Where home visiting for safeguarding assessments is possible as COVID-19 lockdown restrictions ease and practitioners begin to carry out home visits, new compulsory requirements to wear face coverings where social distancing is not possible create further challenges (Carter 2020; Department for Business, Energy & Industrial Strategy and Department for Digital, Culture, Media & Sport, 2020). Regulation 3 of The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 provides for those required to wear a face covering whilst entering or remaining within a relevant place and local authority officers are among those required to do so. No coordinated policy on the use of digital technology for conducting safeguarding adult assessments currently exists and there is so far limited research in the area. Given previous pandemic histories and the likelihood of a second wave of COVID-19, further restrictions on movements and ways of working could yet be imposed. This paper examines the impact of COVID-19 on

safeguarding adults practice. It explores the broad literature including policy and practice guidance, law, research and the grey literature on how services are responding to safeguarding adults during the COVID-19 crisis, with references to remote working and virtual assessments. It offers tips on effective strategies that could support safeguarding adults practice in the era of self-isolation, shielding and social distancing. The paper focuses on England but has international relevance. Practitioners in safeguarding adults practice outside of England could draw from the paper taking into account their national and local policies and relevant legislation.

Methodology

A search was carried out for recent publications (research papers, policy guidance, law and appropriate grey literature) to locate relevant literature that describes the existing knowledge base and gaps in practice and areas that require further exploration. In the following section we consider the policy and legal context of safeguarding adults practice.

Safeguarding adults – policy and legal context

The Care Act 2014 is the main legislative framework that guides safeguarding adults practice in England and the main safeguarding adults duties appear within that legislation under s42-47. Other sections of the Act such as notions of wellbeing (s.(1)), prevention (s.2), information and advice (s.4) and advocacy (s.67 and s.68) are all also central to safeguarding adults. The Statutory Guidance accompanying the Care Act 2014, (DHSC 2020, 14.7) stipulates, *"safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks from and experience of abuse or neglect"*. In England, safeguarding duties and responsibilities apply to adults who:

- have care and support needs
- are experiencing, or are at risk of abuse or neglect and
- are unable to protect themselves because of their care and support needs.

This duty is owed to the individual at the point at which concern is raised under s.42 (1) of the Care Act 2014. The law stipulates that when exercising its functions under the Care Act 2014 local authorities and their partner agencies with safeguarding adults responsibilities must have regard to the adult's wellbeing. Local authorities are obligated to make, or cause others to make, enquiries if they think it is necessary to enable a decision to be made on whether any action should be taken in the adult's case and, if so, what action and by whom under s.42 (2) of the Act. The Local Government Association (2020) has published practice guidance to this

effect to assist practitioners in decisions informing the process from s.42 (1) to s.42 (2) enquiries. The guidance is underpinned by the six principles of safeguarding adults practice (empowerment, protection, prevention, proportionality, partnership and accountability), Making Safeguarding Personal, the Human Rights Act 1998 and the Mental Capacity Act 2005 (Local Government Association 2020).

During the COVID-19 crisis, the UK government introduced easements to the Care Act 2014 through section 15 and schedule 12 of the Coronavirus Act 2020 and this came into force on the 25th March 2020. The Care Act 2014 easement made provisional changes to some of the duties and powers that local authorities have in relation to providing care and support. However, safeguarding duties relating to sections 42-45 of the Care Act 2014, the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards process and the Human Rights Act 1998 were maintained. Yet, although the Coronavirus Act 2020 did not alter the Mental Capacity Act 2005, restrictions relating to the government's advice to carry out only essential visits had implications for mental capacity assessments. For example, practitioners have to establish capacity before they can decide on further actions to safeguard those at risk of abuse and neglect; this can be very difficult to do effectively on a remote basis. It can require practitioners to rely more heavily on the views and assessments of others than they would otherwise have done, especially if the person about whom the enquiry is being made cannot utilise video conferencing. Like many policies, there are also challenges implementing Making Safeguarding Personal (Local Government Association, 2019) during the pandemic crisis. For anyone who may be unfamiliar, this is a conversational outcome focused approach that centres on what being safe means to the person experiencing abuse and neglect. Lawson (2017, p.47) on behalf of ADASS and the LGA points out that *'Making Safeguarding Personal sits firmly within the Department of Health (DH) Care and Support Statutory Guidance, as revised in 2017 that supports implementation of the Care Act (2014)*. It is undoubtedly harder to effectively implement Making Safeguarding Personal without face-to-face contact. People have to be more creative in how they seek the person's views through a variety of different ways. In a SCIE (2020) online briefing guidance, the agency acknowledged: "*the challenges of assessing whether a person has capacity are magnified if being done remotely by telephone or video link. Accessing good support – from your colleagues, managers, or information sites – is very important."* The Local Government Association (2019) have a dedicated website with some excellent information on Making Safeguarding Personal.

To enable local authorities to exercise their functions and decision-making in the context of easement of the Care Act 2014 duties, the Department of Health and Social Care (DHSC, 2020a) published a 'Care Act Easements Guidance' and an Ethical Framework for Adult Social Care

(DHSC, 2020b). The ethical framework made clear that the main principles of the Mental Capacity Act 2005 still applied during COVID-19. Principal Social Workers and Safeguarding Leads were obliged to advise on any changes to safeguarding practices that occurred locally during the pandemic and guidance was published to enable Principal Social Workers to this effect (DHSC, 2020b). The Local Government Association (2020) also published a Questions and Answers guide for Safeguarding Adults Boards on what to do during the COVID crisis.

To provide some further context, prior to the COVID-19 pandemic, findings from the Safeguarding Adults Collection (SAC) for the period 1 April 2018 to 31 March 2019 collected by NHS Digital (2019) showed that 415,050 concerns of abuse were raised and this comprised an increase of 5.2% on the previous year. During this period, there were 143,390 s.42 Care Act 2014 enquiries (an increase of 8.7% from the previous year) and this involved 116,230 individuals (NHS Digital, 2019). The most common type of risk recorded in s.42 Care Act 2014 enquiries that were undertaken was neglect and omission (54,050) and the most common place where abuse and neglect took place was in the person's own home (61,825). Self-neglect constituted 7,790 of reported s.42 safeguarding enquiries and Organisational abuse constituted a further 7,040 (NHS Digital, 2019). As this represented the most recently available published data from SAC, yet it is therefore unknown (in an official sense) what effect the pandemic had on the number of concerns raised and s.42 enquiries made. Prior to the COVID-19 crisis the majority of safeguarding adult assessments were conducted face-to-face at the adult's place of residence. The COVID-19 crisis gave impetus to remote working and assessments of safeguarding concerns via digital technologies such as Zoom, Skype, MS Teams and telephone (MacDonald J, 2020; Safe Lives, 2020). In the next section, we look at the interface between remote working and safeguarding adults.

Remote working

Remote working is used interchangeably in the literature with the term agile working. Remote working consists of models of non-traditional office-based work, which is enabled by the use of digital devices and digital information systems to engage with others virtually. Errichiello and Pianese (2016, p.274) described remote working as: "*innovative working models performed outside spatial and temporal organizational boundaries and enabled by information and communication technologies (ICT)"*. The Coronavirus Act 2020 provided the statutory basis for remote working by means of the use of video and audio technology, including in the settings of courts and tribunal hearings. In the case *A Clinical Commissioning Group* v *AF*, 2020 *EWCOP 16*, Mostyn J conducted the first-ever remote hearing in England and Wales at the Court of Protection via Skype during the COVID-19 lockdown. This case concerned a dispute about end of life care arrangements, the withdrawal of clinically assisted nutrition and

hydration from a 70-year-old man who was affected by stroke. Jeyasingham (2020, p. 337-338) argues that: *"entanglements between workspaces, digital devices and people in practice are having multiple effects, producing new hierarchies of belonging in space, shaping what can be communicated, and the ways it can be presented and received".* MacDonald J (2020) provides some useful guidance on remote access to the family court; although the document focuses on the courts and tribunal judiciary, lessons could be drawn to other settings where remote working via means of Zoom, MS Teams, telephone or Sykpe are used to gather information where face to face contact and meetings are not possible.

The literature suggests that the benefits of remote working and virtual assessments include increased levels of practitioner autonomy, more effective use of time and improvements in effective recordings of safeguarding practice by way of making recordings of concerns visible and thus enabling and enhancing information sharing among partner agencies (Errichiello and Pianese 2016; Hunter, 2019; Jeyasingham 2020). However, these benefits appear to be outweighed by the disadvantages of lack of face-to-face contact that can more easily enable identification of risks to those experiencing abuse and neglect as well as assessments of risks in their environment. Virtual assessments also inhibit relationship building and trust (Jeyasingham, 2019; 2020). For practitioners a number of concerns have also been identified with remote working practice and these include sense-making, the impact of co-location, the shift to virtual forms of collaboration, reduced communication between colleagues, isolation, performance management, supervision, organisational control, a lack of management oversight and transfer of knowledge among colleagues (Errichiello and Pianese 2016; Jeyasingham 2020). Thacker *et al* (*Forthcoming*) also identified that remote work can inhibit curiosity in safeguarding adults practice and Jeyasingham (2020) has argued that agile working can lead to the complexities involved in building trusting relationships, being ignored, which is a key ingredient required for effective safeguarding practice (Anka *et al*, 2017).

Restrictions aimed at curbing the spread of COVID-19 arguably gave impetus to remote working and virtual assessments of safeguarding adults concerns via digital platforms such as telephone, Zoom, Skype and MS Teams. Virtual assessments came to be seen as more efficient and desirable in stopping the spread of the virus from service users to practitioner and vice versa (MacDonald J, 2020). However, virtual safeguarding assessments raises concern about the effectiveness of identification of risk of abuse and neglect to the individual as well as identification of environmental risks and the impact on assessment of mental capacity and coercive control, and how to ensure that these are as accurate as possible when undertaken in a virtual context. Stevens *et al,* (2017) highlight the importance of gaining access to service users where there are safeguarding concerns relating to, for example, poor care, hoarding and 'cuckooing' where a third

person who is unrelated moves into the person's home for the purposes of exploitation. Whilst virtual assessment could enable practitioners to capture poor care to some extent, limited opportunities exist to capture the full extent of emotional abuse, neglect of the environment, cuckooing, modern slavery, financial scamming and abuse, sexual and physical abuse. Poor or inadquate internet connections may also affect assessments. Discussing the benefits and limits of using video technology in international social work assessments in a Blog, Housman (2020) pointed out that: "*through the virtual dimension, social workers are limited to what they can see and hear, and are entirely within the control of the interviewee. This limits the use of the senses that a social work assessor would usually apply in conducting an assessment. For example, smelling food-cooking, pets, cigarettes, alcohol, drugs, or activation of other senses such as shoes sticking to the floor...and feeling draught or damp (indication of cold home environment) and so on."*

The COVID-19 pandemic has also exposed structural inequalities and disadvantages experienced by older people, those with disabilities and those from Black, Asian and ethnic minority backgrounds (Public Health England, 2020). At the height of the pandemic, a National Shielding Service of free food parcels and medicine deliveries was set up to support those deemed as 'clinically extremely vulnerable' and this ran until the end of July 2020 (NHS Digital, 2020). To qualify for support those categorised as clinically extremely vulnerable were required to register on online. In what could be argued as a measure to address inequalities and gaps in provision, letters and texts messages were sent to those previously registered on the Vulnerable Patient List (which was renamed the Shielded Patient list) during COVID to enable those unable to register online to be contacted by telephone. However, this also meant that those without access to internet or telephone, and those unable to read or who were not registered with General Practitioners were excluded from accessing this vital support.

Data on COVID-19 collected by Public Health England (2020) associates increasing age, ethnicity, and underlying health conditions with poorer outcomes. Focusing on people with first episode psychosis, Meyer-Kalos *et al* (2020) note that social isolation increases the risk of hallucination and depressions. The authors argued that COVID-19 dramatically altered life and caused people to put their goals on hold, often robbing them of a sense of purpose. Blake-Holmes' (2020) research with young carers aged from 12-25 providing care to their parents during the COVID-19 crisis identified that COVID-19 led to an increased complexity of care, mental health difficulties and problems in managing stress. In a SCIE (2020) guide developed for practitioners, the organisation notes that people with dementia may be more vulnerable to abuse and neglect during COVID-19 crisis due to increased levels of social isolation, stress on carers and caring relationships against the backdrop of working with limits due to over

overstretched and stressed care staff resulting from COVID-19. Although amendments to the legal framework and the ethical framework for adult social care (DHSC, 2020b) provided some legal, policy and practice guidance, the COVID-19 pandemic exposed a weakness in practice. To give one example, although measures were implemented to ease communication between NHS and social care staff, there were no mandatory requirements for COVID testing of people who were discharged from hospital to care homes until the 15th April 2020 (HM Government 2020). This is likely to have led to an unknown (and unknowable) number of infections and even subsequent deaths in care homes and for viral spread in homes that had not previously been affected by the virus. The Office of National Statistics (ONS) (2020) data on year-to-date analysis of deaths registered by place of occurrence (up to Week 29, week ending 17 July 2020) indicated that 15,216 care home residents had died from the COVID-19 virus up until that point. Further, restrictions on visits of family members who previously provided a sense comfort and well-being to older people significantly affected care home residents. For instance, family members act as advocates to ensure that medical appointments are kept and reviews are carried out (Hado and Feinberg, 2020). Family members also act as key decisions makers on behalf of their loved ones. They provide essential support such as feeding, talking and listening, and importantly in end of life care; however, through the pandemic related restrictions, many family members were denied the opportunity to be with their loved ones when they were dying, with unknown effects on both the person at the time of the death and subsequently on family members in relation to loss, grief and bereavement .

Bailey and West (2020) note that despite the efforts made it has not been possible to safeguard some of the most vulnerable members of our communities; this is particularly the case in relation to care home residents. Smith (2020), the Chief Executive of the Social Care Institute for Excellence (2020) echoed this suggesting that the care sector as a whole was unprepared for COVID-19 and it is apparent that support from government to the sector was extremely limited in the early stages of the pandemic and (first) lockdown period. In the next section, we look at effective strategies that support safeguarding adults practice in an era of self-isolation, shielding and social distancing**.**

Ways forward

The COVID-19 crisis provides an opportunity for local authorities to commission empirical research to look at the impact of COVID-19 on safeguarding adults practice. In this section, potential ways forward are considered in relation to; digital challenges; learning and resources development needs and examples of good practice.

Issues for safeguarding practice

Measures to control the spread of the pandemic undoubtedly presented challenges for assessments of risks to the individual(s) experiencing abuse and neglect as well as assessment of risks within their environment. Movement restriction measures such as shielding, self-isolation and social distancing, by their very definition, reduce individuals' interactions with others and together with worries/concerns about infection, adds to vulnerability (Lees-Deutsch, 2020); additionally, risk of abuse and neglect inevitably impacts on wellbeing (Safe Lives 2020). COVID-19 has proved that it may not always be possible to conduct face-to-face home visits to carry out safeguarding assessments and this is likely to remain the case in the event of a similar situation. Retention of safeguarding adults duties within the Coronavirus Act 2020 and easement of Care Act 2014 requirements emphasise the need to support those who may be at risk of or experiencing abuse and neglect and associated harm(s).

Digital challenges, learning and resources development needs

Cooper (2020) identifies a number of challenges in the shift in practice towards using digital technology in adult social care, suggesting that the sector lags behind other sectors where use of digital technology is more advanced. As the sector moves to develop the use of virtual means to conduct safeguarding assessments, practitioners and people who use safeguarding services will need to become more conversant with digital technology. In order to successfully transition to this new way or working, effective communication skills are key. These include listening, allowing those experiencing or at risk of abuse, harm or neglect to ask questions, answering questions and addressing fears and anxieties, but undertaken in different ways from those utilised in face-to-face contact. Building on strengths and resilience are key and are needed more than ever in this 'new normal' way of working. Practitioners unfamiliar with carrying out virtual safeguarding assessments need training in order to do so successfully. It is equally important, where possible, to prepare service users in advance for virtual assessments. Identification of individuals without access to digital technology, or who may not have the technological skills to use virtual assessment is crucial. Digital inequalities exist and were arguably exacerbated by the overreliance on using digital technology to reach those at risk of harm and abuse and the unpreparedness of effective structures used to support safeguarding adults practice during the COVID-19 pandemic. The literature identifies a number of challenges of digital inclusion such as digital literacy, lack of broadband access compounded by rural dwelling, increased age, disabilities, ill health and socio economic inequalities (Beaunoyera *et al,* 2020; Khilnani *et al*, 2020). Studies suggest that skills deficits exist in digital use among older adults (Khilnani *et al*, 2020). Beaunoyera *et al*, (2020) draw attention to increased vulnerability to cyber-criminality such as exposure to grooming,

scamming and online gambling. These factors significantly affect some of the very people who require protection from abuse, harm and neglect. Public sector equality duties and principles inherent in social justice and human rights require alleviation of discrimination in all areas of practice and this includes discrimination against digital inequalities, particularly of those with protected characteristics.

Investment in effective digital technology by agencies with safeguarding adults responsibilities is also vital. The emerging literature suggests that remote assessments of safeguarding adults practice through digital technology needs careful and thorough consideration and planning to ensure that those who may be experiencing or at risk of harm, abuse and neglect are appropriately supported through the processes involved. Jeyasingham's (2020) research found that practitioners used text messages to communicate information to families and these were used as 'paper trails' or formal logs of communication. The study also identified that practitioners relied on personal mobile phones when organisation phones failed due to lack of internet access and/or low or reduced capacity of batteries. This equates to a breach of data protection unless the person's number is deleted from the call log after each contact and therefore business continuity plans need to build in resilience plans for technology failure. It may also present potential future risk to the practitioner if their personal mobile phone number became available to the perpetrator (if the call number was not effectively withheld or blocked by the individual).

COVID-19 offers the opportunity for local authorities and their partner agencies with responsibilities for safeguarding adults to review systems and structures that could support more effective digital forms of safeguarding adults practice. Safeguarding Adults Boards could work with service user organisations to co-produce guidance (for example, education packs about what virtual safeguarding adults assessments might entail) as part of meeting s.2 (prevention) and s.4 (information and advice) Care Act 2014 duties. Such guidance could help to address anxieties that people might have about what virtual assessment could entail. Equality and human rights legislation obligates authorities to ensure support for all service users including those with protected characteristics under the Equality Act 2010. Article 6 of the Human Rights Act 1998 also requires public authorities to involve adults who use services when making a decision that has an impact on their civil rights. This Article also obliges public authorities to provide information to enable effective involvement in decision-making. For those without internet access, assessments could be offered via telephone calls and risk assessment plans could include contingency measures related to what to do in the event of further lockdown restrictions. However, taking away the visual element of the assessment, albeit via video, removes another source of information and this needs to be factored into any risk assessment

undertaken by telephone. For example, one cannot see who else might be in the room with the person or whether someone else is influencing what is said. Advice and guidance on safeguarding adults during COVID-19, published by the National Principal Social Workers Network (2020) draws attentions to the need to weigh up the use of telephone against the individual's care and support needs – where for example a hearing impairment or disability might inhibit assessments via telephone. Beaunoyera *et al* (2020) explored a number of measures that could be implemented at different structural levels; from government to corporate and communities. One example relates to carrying out a mapping exercise of disparities of access to digital technology at governmental level. Scoping reviews could similarly be undertaken at local level to identify those already known to local authorities in order for targeted support to be provided. Individuals could then be supported through personal budgets to purchase technology-enabled care, thus ensuring that no one is left behind digitally.

Examples of good practice

Online learning (in education) and virtual consultations in health can offer insights into what works, some of which may be applicable to the context of virtual safeguarding adults assessments via means of digital technology. Publications are also emerging on the development of virtual supervision processes (Domaki, 2020). A small survey of patients accessing support at Solent NHS Trust, Community Diabetes Specialist Team who offered virtual consultation to patients during the COVID-19 crisis found most patients were happy with virtual consultations (Ives, 2020). Hertfordshire Partnership NHS University Trust (2020) has developed an easy to read information guidance for patients attending virtual mental health tribunals, which could be used to inform service user led guidance about what a virtual safeguarding assessment might look like. Foster (2020) provides some virtual assessment etiquette that practitioners could draw on to support virtual assessments. The author notes that it is important to ensure that the work area is appropriate and that there are no inappropriate book titles, pictures or alcohol in sight when conducting virtual assessment by means of digital technology (Foster, 2020). Digital platforms such as Zoom and MS Teams offer the possibility to change backgrounds on screen and practitioners could use these to create a warm and calming environment for virtual meetings. Similar to face-to-face contact, it is important to ensure that background lighting is conducive to the individual's needs, so it does not disturb the individual or cause undue anxiety and distress. It is equally important, that practitioners present as professional at all times. For example, for those who are working at home it is important to choose a private place without high levels of background noise. You would not want anyone walking behind the practitioner and visible on screen as this would

also indicate an inevitable breach of the person's confidentiality. Social Work England (2020) has five publications on their website under: *Guides on ethics, risk assessments and virtual meetings.* The publications provide guidance on how to conduct ethical virtual online assessments however, unfortunately they mainly focus on services for children and their families. The British Association of Social Work (BASW, 2020) publication, *Digital Capabilities: Ethical Considerations* addresses this gap by covering all service user groups.

Although not directly linked to safeguarding adults practice, Hampshire County Council has reported on successfully installing smart speakers with television streaming devices, which do not require the user to press any buttons, in the homes of adults using services, and reported satisfaction levels have been high (Cooper, 2020). Around the Table discussions by Association of *Association of Directors of Adult Social Services* (ADASS) (2019) held in the spring of 2019 (pre-pandemic), considered the pros and cons and challenges of using digital technologies. The discussions indicated that some authorities were also using Smart Speakers (for example, Norfolk County Council and Suffolk County Council) to meet care and support needs. All considered using CHATBOTs (an artificial intelligence software that can simulate a conversation (or a chat) with a user in natural language through messaging applications, websites, mobile apps or through the telephone). Such digital devices may also support risk management plans in an era of social distancing. For example, Smart Speakers could be used to record those who call on people with safeguarding needs (although consideration would need to be given to confidentiality and consent when introducing this option). Other simple digital devices such as "Augmented Reality Sign Language" (an app) can translate between different versions of sign language and between spoken language and signing and may help with virtual assessments with people from the Deaf community. At the time of writing, a sensory support unit in Norwich (Norfolk County Council) were exploring the use of the transparent masks so that when communicating with deaf people faces can be seen. It is also worth mentioning that The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 require that considerations are given to health, age and equality issues in relation to use of face coverings. Regulation 4 provides information when wearing face covering is not required. This includes situations when individuals have physical or mental illnesses or impairments, or disability (within the meaning of s.6 Equality Act 2010); where face covering will cause severe distress and when the person is accompanying, or providing assistance to another person and that other person relies on lip reading to communicate with them; or where face coverings need to be removed in order to take medication. Other helpful apps that may help assessment and involvement in decisions about effective safeguarding interventions are AutonoMe and Talking Mats. These could be used to enable involvement in safeguarding assessments with people with learning disabilities

or cognitive impairments such as dementia. Murphy *et al* (2010) researched involvement in decision making with people with dementia and found that Talking Mats were helpful in allowing those diagnosed with dementia to participate in decisions affecting their lives. Meyer-Kalos *et al* (2020) explored the challenges associated with delivering mental health treatment within coordinated specialty care programs for people with first episode psychosis. The authors offer practice tips on how to use digital devices and platforms including video-conferencing to conduct assessments, and this also includes how to prepare service users for assessments, for example ensuring there are system connectivities.

In relation to care homes, the British Geriatrics Society (2020) has recommended the use of digital devices such as 'tablets with videos' to enable remote contact with family members. The emerging literature suggests Zoning approaches are used to ensure COVID-19 positive residents are separated from non-COVID-19 positive residents. Other measures include providing space to enable individuals who 'walk with purpose' due to dementia or other cognitive impairment, who have tested positive for COVID-19 to do so in a safe environment. Practitioners are asked to support residents and their families to discuss and implement Advance Care Plans or Advance Decisions and obtain informed consent from individuals and/or those with Lasting Powers of Attorney for health and welfare when sharing information (British Geriatrics Society, 2020**;** Gordon *et al.,* 2020). The British Geriatrics Society (2020) also recommend that practitioners with responsibilities for discharge planning should ensure there are sufficient resources to safely isolate those testing positive to COVID-19; and should include when isolation is anticipated to end within care and support plans (British Geriatrics Society, 2020). As COVID-19 restriction measures ease in parts of the country, seating areas have also been provided in dedicated zones at care homes allowing family members to visit their loved ones (Gordon *et al.,* 2020).

Conclusion

This paper has reviewed emerging literature on the impact of COVID-19 on safeguarding adults practice, with a key focus on remote working and the use of digital technological devices and platforms for conducting safeguarding assessments. The findings from our review suggest that COVID-19 restriction measures have given impetus to remote working, together with the use of technological devices and platforms to meet the needs and outcomes of those who require safeguarding services. The findings also identified that the COVID-19 crisis exposed a weakness in the policy agenda surrounding use of community-based resources to meet need when most of the community was shut. With most professionals having to work from home there have been significant implications for safeguarding adults practice. The paper has

identified that a raft of guidance has been published on COVID-19 but there exists limited research to date (perhaps because the pandemic is ongoing). A coordinated and comprehensive policy agenda on remote working and virtual safeguarding adults assessment is also yet to appear. A number of interventions currently used to support the needs and outcomes of adults with care and support needs were considered, many of which could be adapted and used to support those with safeguarding needs. We conclude this paper by arguing that remote working and the use of digital technological devices offer an opportunity to learn more about interactions between practitioners and adults who use safeguarding services in an era of social distancing, shielding and social isolation. Further research is needed to more fully explore the impact of COVID-19 on safeguarding adults assessments via digital technology. It is essential that this includes the perspectives of people who use such services and also those of the professional practitioners involved in undertaking such work. As we move further into a situation of 'living with Covid-19' it is important that these issues are addressed as soon and effectively as possible.

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